

## Certification of Consistency with the Continuum of Care

**I certify that the proposed project, as identified below, is consistent with the Continuum of Care (CoC) plan covering the jurisdiction in which the project will be carried out. In addition, I certify that the proposed project will help fill an existing gap in the community's inventory of housing for homeless persons or families in the community.**

**(Type or clearly print the following information)**

**Applicant Name:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Location of the Project:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of the Federal  
Program to which the  
Applicant is applying:** \_\_\_\_\_

**Name of Certifying  
Continuum of Care  
Jurisdiction:** \_\_\_\_\_

**Certifying Official for  
the Continuum of Care**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_